

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/			/		
2		/					52		/	/			
3		/					53		/		/		
4		/					54		/		/		
5		/					55		/		/		
6		/					56		/		/		
7		/					57		/		/		
8		/					58		/		/		
9		/					59		/		/		
10		/					60		/		/		
11		/					61		/		/		
12		/					62		/		/		
13		/					63		/		/		
14		/					64		/		/		
15		/					65		/		/		
16		/					66		/		/		
17		/					67		/		/		
18		/					68		/		/		
19		/					69		/				
20		/					70		/				
21		/					71		/				
22		/					72		/				
23		/					73		/				
24		/					74		/				
25		/					75		/				
26		/					76		/				
27		/					77		/				
28		/					78		/				
29		/					79		/				
30		/					80		/				
31		/					81		/				
32		/					82		/				
33		/					83		/				
34		/					84		/				
35		/					85		/				
36		/					86		/				
37		/					87		/				
38		/					88		/				
39		/					89		/				
40		/					90		/				
41		/					91		/				
42	/						92	/					
43		/					93		/				
44		/					94		/				
45		/					95		/				
46		/					96		/				
47		/					97		/				
48		/					98		/				
49		/					99		/				
50		/					100		/				
TOTAL IND.	2						TOTAL IND.	2		1			
TOTAL DEP.	48						TOTAL DEP.	49		17			
TOTAL CLAIMS	50						TOTAL CLAIMS	50		18			